

**SDMCF INNOVATION GRANTS
CHANGE REQUEST**



Name: _____ Date: _____

Project Name: _____

Funding Year: _____ Amount Awarded: _____

Please indicate the type of request (check all that apply):

I am requesting a change to use of funds

I am requesting a change to the activities that I carry out

I am requesting a change to the project manager

Current Project Manager Name: _____

Original Project Manager Name: _____

Please describe the updated activities/scope of work:

Please describe the updated budget/use of funds:

Anticipated number of students to be served (updated): _____

Briefly describe the reason for the change:

I have attached the original proposal

| For Committee Use Only | | | |
|------------------------|-----------|--------------|--------------------------|
| Review Date: | Decision: | | |
| | Approved | Not Approved | Approved with Amendments |
| Notes and Amendments | | | |